

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010855

FILED
Feb 14, 2012
Secretary of State

Entity Name: MAPLE CORNER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

347 BOTTLEBRUSH AVE., SW
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 632
LABELLE, FL 33975

New Mailing Address:

FEI Number: 26-3799287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHLITTER, JOHN
347 BOTTLEBRUSH AVE., SW
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

SCHLITTER, JOHN A JR
347 BOTTLEBRUSH AVE., SW
LABELLE, FL 33935 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN A SCHLITTER, JR

02/14/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCHLITTER, JOHN A JR
Address: 347 BOTTLEBRUSH AVE. SW
City-St-Zip: LABELLE, FL 33935

Title: VP
Name: BROOKENS, GALEN
Address: 234 OAK ST. SW
City-St-Zip: LABELLE, FL 33935

Title: VP
Name: CULLIGAN, SALLY
Address: 228 OAK ST. SW
City-St-Zip: LABELLE, FL 33935

Title: T
Name: LESTER, DONNA F
Address: 230 OAK ST. SW
City-St-Zip: LABELLE, FL 33935

Title: S
Name: SOULLIERE, M. LYNNE
Address: 337 BOTTLEBRUSH AVE., SW
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA F LESTER

T

02/14/2012

Electronic Signature of Signing Officer or Director

Date